

CHAPTER 5: COORDINATION

This Chapter describes how the various governmental and non-governmental agencies in South Carolina coordinate planning and implementation efforts to deliver comprehensive HIV prevention.

Why is Coordination Important?

The overall purpose of coordination is to facilitate the accomplishment of state and local HIV prevention goals through enhanced communication and planning between public health agencies, other agencies, and individuals. Health districts and communities throughout the state organize and plan HIV prevention and care services based on their local resources (including skills, fiscal, and personnel) and culture. Coordination is intended to maximize use of local and state resources in order to strengthen prevention and care efforts in South Carolina.

Forming linkages between programs, as described in subsequent section, facilitates coordination and relates to sharing information materials, or client referrals. Coordination is an active process intended to enhance group efforts toward a common goal or purpose, in doing so:

- It blends, integrates, and maximizes resources.
- It facilitates complementary and supplementary programs.
- It leads to a system in which the whole is greater than the sum of its parts.

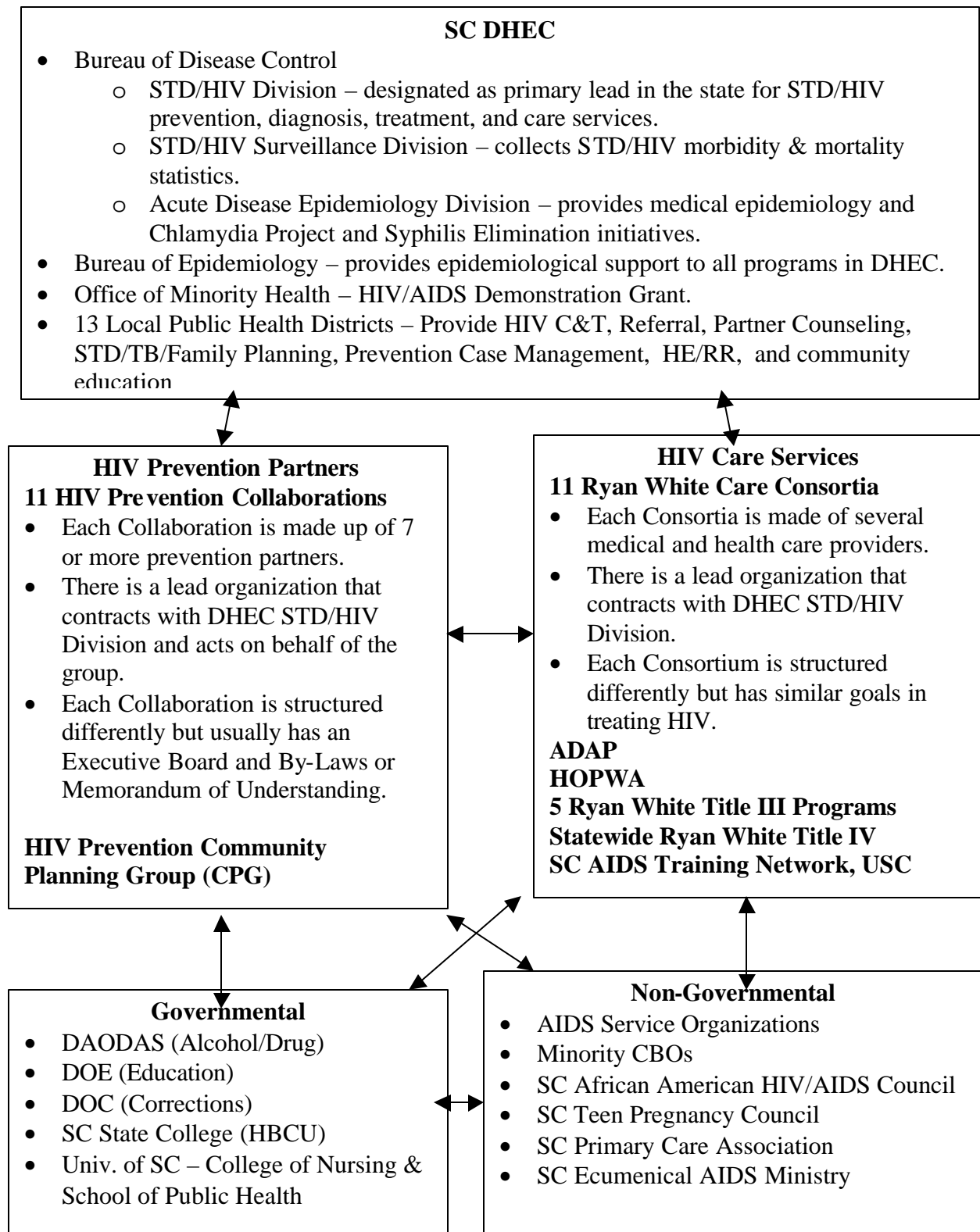
The benefits of coordination are compelling and beneficial to the public. The major benefits of coordination are listed below.

- Standardized and consistent prevention and early intervention messages.
- Reduced duplication of effort.
- Maximized use of often-limited resources.
- Increased access to funding opportunities and other resources.
- Increased capacity and improved quality of services to individuals and communities because of shared knowledge and improved planning abilities.
- Expanded technical assistance opportunities for participating communities, agencies, and individuals through interaction with others who might provide complementary skills, knowledge, or other resources.

Despite all the reasons that promote coordination, many providers experience or perceive disadvantages or threats related to participation. The strongest disincentives to coordination include the following:

- increased competition for limited dollars or resources;
- concern by individuals or agencies that a coordinated process might result in their loss of control over programs or resources;
- a perceived change in equity or standing within the power structure; and
- time constraints of participants.

The schema below presents an overview of linkages and coordination. For abbreviations refer to *Key* at the beginning of this plan.



How are prevention services coordinated in South Carolina?

State Health Department

DHEC STD/HIV Division administers the CDC HIV prevention and STD prevention programs, Ryan White Care Title II, Title IV Pediatric and HOPWA programs. This organizational structure ensures collaboration of state and local staff and coordination of planning and funding mechanisms. The STD/HIV Division maintains a strong collaboration with other Health Department programs, such as Maternal and Child Health programs, TB, Immunizations, and public health laboratory. Staff coordinate cross-program training, clinical services, and quality assurance efforts.

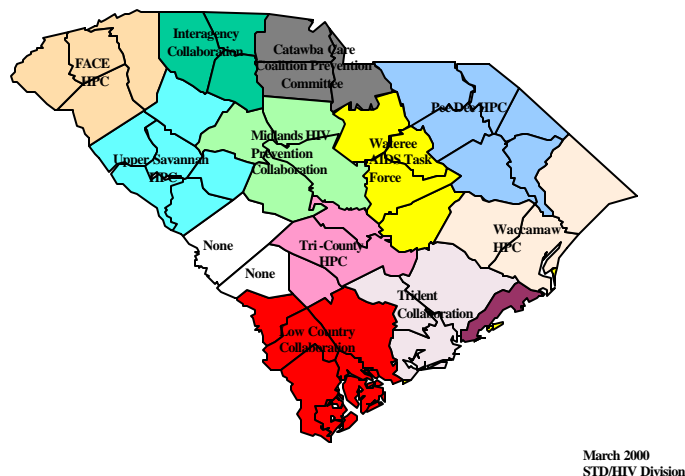
DHEC has developed a comprehensive approach to STD/HIV prevention including active surveillance to track the STD/HIV epidemics, cost-effective routine screening and treatment of at-risk populations, mobile screening efforts to reach those populations who are not accessing clinical services, partner notification and referral services, targeted health education/risk reduction interventions, and on-going training/quality assurance activities. Prevention programs are delivered primarily by 13 health districts (health departments) and community organizations such as local alcohol and drug abuse commissions, community action councils, AIDS service organizations, and minority community based organizations.

Selected examples of coordination among governmental and non-governmental prevention providers for planning and delivery of services, capacity building, needs assessments, and training are highlighted below.

Local HIV Prevention Collaborations

The primary mechanism for coordination of health education/risk reduction services is through local prevention collaborations. DHEC provides funding to eleven HIV prevention collaborations covering all but two counties in the state (see Figure 1). The HIV Prevention Collaborations were created in response to a need identified by the Statewide HIV Prevention Community Planning Group (CPG) to increase the capacity of local organizations to conduct HIV prevention activities. Each collaboration serves several counties and is an association of multiple organizations who agree to work together in planning and implementing a response to the HIV epidemic in each of the public health district areas. Collaborations are conceptually similar to Ryan White Consortia except they are focused on HIV prevention.

Each Collaboration in the state involves a partnership of anywhere from seven to twenty-five prevention partners. Member organizations include alcohol and drug abuse agencies, local health departments, county teen pregnancy councils, youth-serving organizations. Members also include many from African American communities such as local NAACP branches, Taw Caw Baptist Church, Brothers and Sisters United for Change, Black Methodists for Church Renewal, SC African American HIV/AIDS Council, OCAB Community Action Agency, SC State University Health Center, Claflin University, several sororities, Boys and Girls Clubs and more.

Figure 1**South Carolina HIV Prevention Collaborations**

The goals of the Collaborations are to 1) create an association of organizations that will work together by developing a working structure (board, by-laws, etc.) by which to develop a plan to meet the needs and fills the gaps in services, and 2) to deliver services to populations at greatest risk based on the SC HIV Prevention Plan Epi-Profile, local epidemiological data, and local needs assessment. Each Collaboration may choose to target any population at risk prioritized in the CPG HIV Prevention Plan; however, there is an overall emphasis on racial/ethnic populations. The objectives and activities vary by area. Each Collaboration has a designated lead agency, that DHEC contracts with, which acts on behalf of the group. All eleven contractors hire needed staff, administer the Collaboration effort, supervise planning, monitoring, and evaluation activities, and submit quarterly reports. A primary benefit of this collaborative structure in local areas is the leveraging of collective resources for prevention efforts and avoiding duplication of effort by several agencies.

Perinatal Prevention Coordination: African American Youth at Risk Project

To achieve reductions in perinatal HIV infection, DHEC receives federal HIV perinatal prevention funds from CDC and federal Ryan White Title IV pediatric AIDS project funds. One example of coordination is the African American Youth project, funded with Ryan White Title IV funds. The primary goals of South Carolina's African American Communities Initiative youth project are: 1) to assess the unmet needs of African American adolescents at risk in areas of high

prevalence, 2) design mechanisms for referral/provision of services to address unmet needs, and 3) to establish/enhance linkages with social service and community organizations that traditionally serve high risk African American adolescents to increase outreach, education and referral activities.

Project staff has established linkages with key agencies serving this population in the Columbia area and is developing a process to assess the primary care and HIV prevention needs of youth in order to design enhanced education and referral mechanisms to existing prevention and primary care services. Agencies include Columbia Koban Project, Boys & Girls Club of America, Dept. of Juvenile Justice, Communities in Schools, Faith Works. Dept. of Social Services, Outsmart in the Midlands, and the YMCA. A needs assessment is being completed to determine where youth are currently seeking/obtaining primary care services, their barriers to access and their unmet prevention and care needs. The program staff of these agencies were included in the needs assessment in order to increase their ability to make referrals.

The activities are closely linked with the state's STD/HIV prevention and family planning services infrastructure to avoid duplication and ensure coordination and maximize resources. The Title IV health educator regularly attends meetings of the S.C. HIV prevention community-planning group and the 11 HIV prevention collaborations across the state. She is trying to advocate for youth to these groups by raising their awareness of the SC Children's AIDS Care System and providing educational sessions that focus on the special unmet prevention and care needs of this target population. The health educator is also coordinating with the South Carolina Department of Health and Environmental Control (DHEC) local health department STD/HIV Health Educators in Greenville/Spartanburg, Charleston in order to review and expand the programs that they are currently using to target the prevention and care needs of African American youth. This coordination process includes making sure that these educators are not only aware of the specialty care resources within their districts, but of the resources available throughout the state.

DHEC Office of Minority Health and AIDS Demonstration Project

Several efforts of DHEC's Office of Minority Health are coordinated with the STD/HIV Division and community organizations. The AIDS Demonstration Project is a three-year project funded with Congressional Black Caucus funds to increase the capacity of minority community based organizations to provide HIV prevention services. The project has an advisory committee which includes STD/HIV Division staff, representatives from primary care organizations, African American church, SC African American HIV/AIDS Council, and others. The project coordinator is a member of the HIV Prevention Community Planning Group. The minority CBO's identified for capacity building are included in the STD/HIV Division's mailing lists to receive announcements for upcoming training events, funding opportunities, and other news.

In addition, the Office of Minority Health and STD/HIV Division collaborate jointly to sponsor media contracts and events to promote awareness of health disparities particularly HIV. This includes joint funding for radio contracts targeting African American young adults and for sponsoring and planning a summit for Historically Black Colleges and Universities in the fall of 2001.

State Department of Education

The State Department of Education (SDE) is required to provide instruction in reproductive and sex education within the comprehensive school health education act 1988 during the middle and high school years. The SDE coordinates these efforts through the Healthy Schools Initiative, which is a cooperative effort with DHEC. Healthy Schools has four regional coordinators who work with the local school districts to provide teacher training and to assist with linking schools, DHEC, and other health agencies. Funding for Healthy Schools is dependent upon the Basic HIV grant and activities provided to SDE through the CDC Division of Adolescent and School Health. The Basic grant provides for coordinated activities for HIV prevention for in-school youth and youth in alternative school settings. The Basic grant also includes funding for the Youth at Risk Behavior Survey (YRBS) that is conducted bi-annually through the University of South Carolina's School of Public Health. Results of the YRBS are widely shared with public health and HIV/STD prevention providers for planning and evaluation.

State Department of Alcohol and Other Drug Abuse Services

The Department of Alcohol and Other Drug Abuse Services and DHEC have coordinated several prevention strategies during the past decade. This includes a Memorandum of Agreement between the two agencies that addresses active referral systems between county health departments and county alcohol and drug abuse agencies, training for public health staff on substance abuse risk assessment, and training for substance abuse on communicable disease issues. Additionally, DAODAS contracts with DHEC under its federal block requirement to allocate 15% of funds for HIV early intervention services. The contract supports HIV counseling and testing services conducted in several county substance abuse facilities in highest prevalence counties and supports local health department staff in Columbia area to conduct community delivered screening targeting substance users.

South Carolina African American HIV/AIDS Council

The South Carolina African American HIV/AIDS Council (SCAAHAC) is a primary prevention and supportive services partner in South Carolina. Several initiatives are coordinated with SCAAHAC. The STD/HIV Division contracts with SCAAHAC to conduct community based syphilis elimination initiatives. To maximize resources and coordinate with local HIV prevention efforts, SCAAHAC is working with several HIV prevention collaborations to integrate HIV and syphilis community assessments, condom distribution, and local outreach efforts. Plans are to explore utilization of syphilis elimination resources to support outreach workers in high prevalence counties to coordinate with local collaborations and DHEC when conducting mobile screening for HIV, syphilis and other STDs' in high risk areas and to provide on-going outreach and education to high risk populations.

Additionally, the STD/HIV Division coordinates extensively with SCAAHAC and its CDC-direct funded HIV counseling and testing project. Division staff assists with project planning, sharing of resources, and linkages with partner counseling and referral services.

Training/Capacity Building

Coordination for training and capacity building is essential to maximize limited resources and address training needs of prevention providers as well as in some cases, care and supportive services partners. The STD/HIV Division coordinates training on effective behavioral interventions, prevention counseling, STD clinical updates, Red Cross HIV Starter Facts, HIV care and treatment, and capacity building topics. Key partners involved in planning and coordinating training include the SC AIDS Training Network (affiliate of southeastern AIDS training network- Ryan White Section F), the SC HIV Education Network, DAODAS, and others. The Division conducts a routine needs assessment on training needs and schedules training workshops open to all prevention partners, minority CBO's and care providers. Recent training provided by National Minority AIDS Council (NMAC) focused on fiscal management and board development was offered and attended by CBO's providing prevention and care services.

A statewide annual STD/HIV conference targeting public health, community organizations, STD and HIV care providers is sponsored and coordinated by a variety of governmental and nongovernmental representatives on the planning and steering committees. This coordinated event ensures sharing of resources, input from state and local providers, and provides opportunities for updates and information on STD/HIV prevention and care topics.

Faith Based Initiatives

Prevention providers acknowledge the importance of the church's role particularly as a mechanism to reach African Americans. Several collaborations and organizations are working collaboratively with churches to conduct prevention efforts. Waccamaw has implemented a health promotion curriculum with African American churches; this broader curriculum (e.g. includes diabetes, heart disease, HIV, etc) is more acceptable to church leaders/members.

A recent Duke Endowment Grant to the Regional Medical Center in Orangeburg/Calhoun counties supports a parish nurse project. Three African American churches are participating in health monitoring, education and health promotion including blood pressure, diabetes, and HIV screening and influenza vaccines.

The Greenville Clergy Taskforce works with the HIV Prevention Collaboration to support efforts in local churches by educating and supporting pastors to implement prevention strategies in their churches. Strategies include church based counseling and testing, ministry teams, women's groups, health fairs, etc. In the past two years, over 20 churches have had ongoing prevention/awareness services. Several ministers have completed the American Red Cross African American Fundamentals Course and several representatives from health ministries desire to be trained to provide counseling and testing to their parishners.

The SC Ecumenical AIDS Ministry (TEAM) is a division of the South Carolina Christian Action Council. The Ministry builds church-based Care Teams that are congregation-based and provide supportive services to persons living with HIV/AIDS. The second function of the Teams is to promote AIDS awareness and education among members of the congregation by establishing educational programs/libraries in churches for youth and young adults, working with clergy and lay leaders, and talking about ministry during AIDS Sunday or World AIDS Day. The Director of the SC Ecumenical AIDS Ministry attends local collaboration and Ryan White care provider meetings, statewide conference meetings and other training events.

The SC African American HIV/AIDS Council's 'I Care' program for faith leaders provides education and training in particular to African American church leaders to promote awareness and dialogue within the church community.

Challenges in Coordinating Prevention Services

The primary challenge in South Carolina around coordination is the need to increase awareness of existing services and providers to ensure coordinated efforts especially in rural areas. There is a particular need to improve coordination with local mental health providers and social services agencies.

Key Recommendations for Enhancing Coordination

Continue to provide on-going opportunities for state and local HIV prevention providers to coordinate services through joint trainings, needs assessment activities, sponsoring of events, sharing of resources, developing evaluation plans, etc.

Increase awareness of existing services and training programs to other state and local agencies. Develop marketing strategies using DHEC, South Carolina African American AIDS Council, SC Ecumenical AIDS Ministry, SC Primary Care Association and others.

Recruit participation and/or membership from mental health and social services agencies on the Community Planning Group.